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PTO/SB/05 (2/98)

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. §1.53(b))

Attorney Docket No. PC11026AJAK

First Named Inventor or Application Identifier Stephanie K. Hall

Title Methods and Reagents for Detecting Increased Risk of Developing an Inflammatory Disorder

Express Mail Label No. EL911725504US

C9710152242
12/21/01**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 29]	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
a. <input checked="" type="checkbox"/> Computer Readable Copy	
b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy)	
c. <input checked="" type="checkbox"/> Statement verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 11.3)[Total sheets 1]	8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3]	9. <input type="checkbox"/> 37 C.F.R. §3 73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	
b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> [Note Box 5 below]	
12. <input type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) (PTO/SB/09-12) Status still proper and desired	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/> Other: Priority Claim	

***NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____ / _____

Prior application information: Examiner _____ Group/Art Unit: _____

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)			
or <input checked="" type="checkbox"/> Correspondence address below					
Name	Gregg C. Benson				
Address	Pfizer Inc.				
Address	Patent Department, MS 4159, Eastern Point Road				
City	Groton	State	CT	Zip Code	06340
Country	United States Of America	Telephone	1-(860)-441-4901		Fax 1-(860)-441-5221
NAME (Print/Type)	Jennifer A. Kispert	Registration No. (Attorney/Agent)	40,049		
Signature	<i>Jennifer A. Kispert</i>		Date	12/21/01	

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1., 2001.

Small Entity payments **must** be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment (\$740.00)

Complete if Known

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Stephanie K. Hall
Examiner Name	To be assigned
Group/Art Unit	To be assigned
Attorney Docket No.	PC11026AJAK

METHOD OF PAYMENT (check one)

The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-1445

Deposit Account Name Pfizer, Inc

Charge Any Additional 37 Fee Required Under C.F.R. §§ 1.1.6 and 1.17 Charge the Issue Fee Set in 37 C F R. § 1 1.8 at the Mailing of the Notice of Allowance.

Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge – late fee or oath	
127	50	227	25	Surcharge–late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
Other Fee (specify)					
Other Fee (specify)					
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)	0

SUBMITTED BY

Type or Printed Name	Jennifer A. Kispert			Complete (if Applicable)
Signature		Date	12/2/01	Reg. Number 40,049 Deposit Account User ID 16-1445

EXPRESS MAIL NO. E1911725504US